

# **RESPONDING TO A REQUEST TO STOP OR MODIFY (CHANGE) A WAGE ASSIGNMENT**

## CHECKLIST

USE THE FORMS and instructions in this packet only if the following factors apply to you:

- T      You have been served with (received) a copy of a **Motion to Stop or Modify the Order of Assignment**, AND
- T      You do not agree with the information provided in the Motion, AND
- T      You wish to request a hearing so you can tell the Court why you do not agree with the Motion.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Help Center has information on finding a lawyer.

## INSTRUCTIONS

### TO FILE THIS FORM WITH THE CLERK'S OFFICE, YOU WILL NEED TO:

- [ ] Pay a fee. If you cannot pay these fees, you may request that the fees be deferred or waived. (See the Self-Help Center packet, *Filing Fee Waiver or Deferral*.)

### HOW TO COMPLETE THIS FORM:

- [ ] Type or print neatly using **black** ink.
- [ ] Follow the instructions given below. Match each numbered step in the instructions with the item on the attached form that has the same number.

#### # INSTRUCTION

- 1 Type or print the name, address, and telephone number of the person filing the form.
- 2 Type or print the name of the Petitioner shown on the Order of Assignment.
- 3 Type or print the name of the Respondent shown on the Order of Assignment.
- 4 Type or print the case number that appears on the Order of Assignment.
- 5 Date and sign in front of a notary public or deputy clerk. By signing your name, you are stating under oath that the contents of this Request are true and correct to the best of your knowledge.

### NOTICE OF HEARING:

When you have completed the Request for Hearing and signed and notarized the original, make three additional copies. File the original and a judge's copy with the Clerk of Court. Give the Clerk the two additional copies to be "conformed" (this is when the date of the hearing is filled in and the copies returned to you). The Clerk or Deputy Clerk will complete the date, time, and place of the hearing. You will receive, most likely by mail, the conformed copies with the date of the hearing indicated. You must then mail a copy of the Request for Hearing and Notice of Hearing with the hearing date filled in to the other party or their lawyer if they have one. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be mailed a copy of the Request for Hearing. You should mail the Request for Hearing and Notice of Hearing by certified mail, return receipt requested, in order to show that you mailed the Request and that it was received.

(1) Person Filing: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

(2) \_\_\_\_\_ (4) Case Number: DO \_\_\_\_\_  
Petitioner

(3) \_\_\_\_\_  
Respondent

**REQUEST FOR HEARING AND NOTICE OF  
HEARING**

**REQUEST FOR HEARING**

The information provided on the Request to Stop or Change Order of Assignment is inaccurate. I request that a hearing be set so that I can explain my position to the judge or commissioner. I have read this document, and the information is true and correct to the best of my knowledge.

(5) Date: \_\_\_\_\_ Signature: \_\_\_\_\_

State of Arizona )  
 )  
County of \_\_\_\_\_ )

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal: \_\_\_\_\_ Notary Public: \_\_\_\_\_  
Notary Expiration Date: \_\_\_\_\_

**NOTICE:** If a hearing or para-judicial conference is scheduled, the Court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.

### NOTICE OF HEARING

The above verified Request for Hearing having been filed, this matter shall be heard as follows:

DATE AND TIME: \_\_\_\_\_

DIVISION: \_\_\_\_\_ of the Coconino County Superior Court, located at 200 North San Francisco, Flagstaff, AZ 86001.

If either party fails to appear at the hearing after proper notice, the Court will take evidence from the party who does appear and will make a decision based on the information provided in the Request to Stop or Change Order of Assignment and any oral testimony.

Date: \_\_\_\_\_ Judicial Officer: \_\_\_\_\_

### NOTICE

1. Upon filing of the Request for Hearing and Notice of Hearing, the filing party must immediately serve a copy of this Request on the other party (the obligee or obligor) or his/her attorney, in accordance with the Arizona Rules of Civil Procedure. If either party is currently using or has used the State IV-D Agency for child support services (Division of Child Support Enforcement or their representative), the State must also be served with a copy of the petition.
2. If a hearing is scheduled, the court may enter a judgment for past-due support, clerk's fees, service costs, other court costs, and/or attorney fees.

## **INSTRUCTIONS: AFFIDAVIT OF DIRECT PAYMENTS**

### **TO BE COMPLETED BY THE OBLIGOR (the person ordered to pay support)**

Complete this form if you made payments directly to the other party, not through the Clerk of the Court. It is best if you have receipts to prove you made these payments. Bring the form and copies of all receipts to the court hearing.

### **TO COMPLETE THE FORM:**

TYPE OR PRINT NEATLY USING BLACK INK.

- (1) Enter your name; street address; city, state, and zip code; and daytime phone number.
- (2) Enter Petitioner's name as it appears on the Order of Assignment.
- (3) Enter Respondent's name as it appears on the Order of Assignment.
- (4) Enter the case number as it appears on the Order of Assignment.
- (5) Enter the name of the person to whom you are ordered to pay support.
- (6) Enter the year, month, and amount of any payments you made directly to the other party that did not go through the Clerk of Superior Court.

*Do not date and sign* until you are in front of a Notary Public. The Notary will fill out the Notarization section.

(1) Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Representing Self \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

(2) \_\_\_\_\_ Case Number: (4) \_\_\_\_\_  
Petitioner

**AFFIDAVIT OF DIRECT PAYMENTS**

(3) \_\_\_\_\_  
Respondent

*(Use this form if you made payments directly to the other party, not through the Clerk of the Court. It is best if you have receipts to prove you made these payments. Bring this form and copies of all receipts to the court hearing)*

I am the party obligated to make payments to (name) (5) \_\_\_\_\_  
under court order. I swear that the following list is a true and accurate account of direct payments I made to that person, and the person received the payments.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**NOTARIZATION**

Subscribed to and sworn before me this date: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_  
Notary Public or Deputy Clerk

(6)

SCHEDULE OF DIRECT PAYMENTS				
Year: _____ Month    Amt Pd.	Year: _____ Month    Amt Pd.	Year: _____ Month    Amt Pd.	Year: _____ Month    Amt Pd.	Year: _____ Month    Amt Pd.
Jan. _____	Jan. _____	Jan. _____	Jan. _____	Jan. _____
Feb. _____	Feb. _____	Feb. _____	Feb. _____	Feb. _____
Mar. _____	Mar. _____	Mar. _____	Mar. _____	Mar. _____
Apr. _____	Apr. _____	Apr. _____	Apr. _____	Apr. _____
May _____	May _____	May _____	May _____	May _____
June _____	June _____	June _____	June _____	June _____
July _____	July _____	July _____	July _____	July _____
Aug. _____	Aug. _____	Aug. _____	Aug. _____	Aug. _____
Sept. _____	Sept. _____	Sept. _____	Sept. _____	Sept. _____
Oct. _____	Oct. _____	Oct. _____	Oct. _____	Oct. _____
Nov. _____	Nov. _____	Nov. _____	Nov. _____	Nov. _____
Dec. _____	Dec. _____	Dec. _____	Dec. _____	Dec. _____